CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

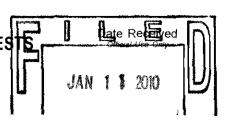
O The period covered is __

□ Candidate

the date of leaving office.

Flection Year

STATEMENT OF ECONOMIC INTERES COVER PAGE



Please type or print in ink.

A Public Document

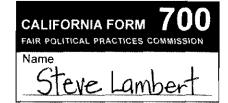
NAME (LAST)	(FIRST)	(MIDDLE) PART TIME TELET TOTAL TOTAL	
LAMBERT	STEVE		
MAILING ADDRESS STREET (Business Address Acceptable)	CiTY	STATE ZIP CODE OPTIONAL E-MAIL ADDRESS	
1. Office, Agency, or Cou	ırt	4. Schedule Summary	
Name of Office, Agency, or Court		► Total number of pages	
Board of Supervisors		including this cover page:	
Division, Board, District, if applica	ble:	► Check applicable schedules or "No reportable	
District 4		interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
Supervisor			
► If filing for multiple positions, list position(s): (Attach a separate		Schedule A-1	
Agency:		Schedule A-2 X Yes – schedule attached Investments (10% or Greater Ownership)	
Position:		Schedule B Yes – schedule attached Real Property Schedule C Yes – schedule attached	
2. Jurisdiction of Office	(Check at least one box)	Income, Loans. & Business Positions ancome (神経) than (神経) and Travel Payments)	
State	l	Schedule D Yes – schedule attached	
■ County of BUTTE		Income – Gifts	
City of		Schedule E X Yes – schedule attached	
Multi-County		Income – Gifts – Travel Payments	
Other		-or-	
3. Type of Statement (CF	nack at least one hov)	No reportable interests on any schedule	
Assuming Office/Initial D	Date:	5. Verification	
Annual: The period covered in through December 31, 2009.	s January 1, 2009,	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the bes	
-or-		of my knowledge the information contained herein and in any	
O The period covered is December 31, 2009.	_/, through	attached schedules is true and complete.	
Leaving Office Date Left: (Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	,
O The period covered is Janudate of leaving office.	iary 1, 2009, through the	Date SignedJANUARY 6, 2010	
-o r-		month day word	

Signature

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
LAMBERT FEED & GARDEN INC.	LAMBERT RANCH
Name 2139 W LINCOLN STREET, OROVILLE, CA 95965	Name 2938 NELSON AVE., OROVILLE, CA 95965
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trusl, go to 2 Business Entity, complete the box, then go to 2	Check one Trusi, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY RETAIL	GENERAL DESCRIPTION OF BUSINESS ACTIVITY FARM/PUREBRED CATTLE
FAIR MARKET VALUE IF APPLICABLE. LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership X INC	NATURE OF INVESTMENT
Sole Proprietorship Partnership X 1110 YOUR BUSINESS POSITION OWNER/PRESIDENT Other	Sole Prophelorship Partnership OWNER/MANAGER
YOUR BUSINESS POSITION OWNER THE STEET	YOUR BUSINESS POSITION OWNER/MANAGER
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 X \$10,001 - \$100,000	\$0 - \$499 \times \$10,001 - \$100,000 \\ \$500 - \$1,000 \times 000 \times 0000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT X REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Enlity <u>or</u> Street Address or Assessor's Parcet Number of Real Property
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership:Deed of Trust Stock Partnership	NATURE OF INTEREST ☑ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Yrs remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are allached

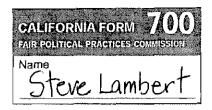
Cammantar

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Steve Lambert

STREET ADDRESS OR PRECISE LOCATION	STREET ADDRESS OR PRECISE LOCATION
2156 W LINCOLN STREET	
CITY	CITY
OROVILLE, CA 95965	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2 000 - \$10 000
∑ \$10,001 - \$100,000	\$10.001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold Yrs remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 _ X \$1,001 - \$13,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10.000 or more.
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
of business on terms available to members of the pu	blic without regard to your official status. Personal loans
of business on terms available to members of the pu and loans received not in a lender's regular course o	blic without regard to your official status. Personal loans f business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course o	blic without regard to your official status. Personal Ipans f business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the pu and loans received not in a lender's regular course on NAME OF LENDER* ADDRESS (Business Address Acceptable)	blic without regard to your official status. Personal Ipans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the pu and loans received not in a lender's regular course on NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY IF ANY, OF LENDER	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the pu and loans received not in a lender's regular course on the number of the put and loans received not in a lender's regular course of the put and loans received not recei	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
of business on terms available to members of the pu and loans received not in a lender's regular course on the number of the put and loans received not in a lender's regular course of the put and loans received not recei	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) Business activity, IF any, OF LENDER INTEREST RATE TERM (Months/Years) MIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000
of business on terms available to members of the pu and loans received not in a lender's regular course of the pu and loans received not in a lender's regular course of the put and loans received not in a lender's received not in a lender's received not in a lender's received not received	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) "" None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	blic without regard to your official status. Personal Idans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) MIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report "income" from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
Russell L. Mayne ADDRESS GII Walnut Street	ADDRESS
Chico, CA 95928 - 4916	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 0 8 28 2 009 AMT: \$ 1000	DATE(S):
TYPE OF PAYMENT. (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: COFFIC Card	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
YPE OF PAYMENT (must check one) ☐ Gift ☐ Income	TYPE OF PAYMENT: (must check one) Gift Income
PESCRIPTION:	DESCRIPTION
Comments:	